



Comprehensive School Mental Health: National Best Practices

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Maryland Consortium on Coordinated Community Supports
September 2022





Agenda

- 1. National Center for School Mental Health
 - Mission, Activities
 - Resources
 - SHAPE School Health Assessment and Performance Evaluation System
- 2. Comprehensive School Mental Health Systems: National Best Practices
 - Effective School-Community Partnerships
- 3. State Examples to Inform Coordinated Community Support Partnerships





National Center for School Mental Health

Mission, Activities

Resources

SHAPE – School Health Assessment and Performance Evaluation System

National Center for School Mental Health (NCSMH)

 Established in 1995 with funding from the US Department of Health and Human Services (HHS), Health Resources and Services Administration

 The NCSMH mission is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth.





Visit the NCSMH website at www.schoolmentalhealth.org



Our Mission

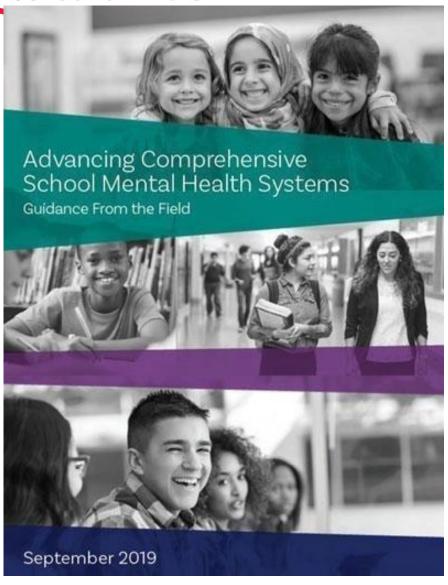
Provide states, districts, and schools with the knowledge and tools to implement culturally responsive, trauma-informed policies and practices that promote equity and well-being.











Guidance from the Field

- Why Address Mental Health in Schools
- A Public Health Approach to School Mental Health
- The Value of School Mental health
- Core Features of a Comprehensive School Mental Health System
- Opportunities, Challenges and Recommended Strategies
- Local Spotlights
- State Spotlights
- Moving Forward

www.schoolmentalhealth.org/AdvancingCSMHS





Multi-Tiered System of Supports (MTSS)

Figure 5: Multi-Tiered System of Support

TIER 3

+ Targeted interventions for students with serious concerns that impact daily functioning

TIER 2

+ Supports and early intervention for students identified through needs assessments as being at risk for mental health concerns

TIER 1

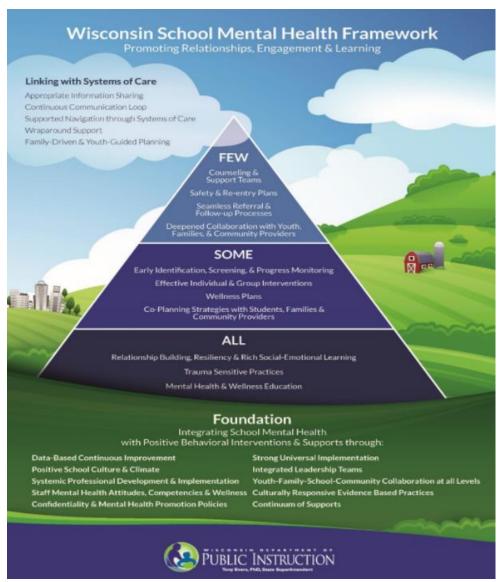
+ Promotion of positive social, emotional, and behavioral skills and overall wellness for all students

Foundational Elements

+ Professional development and support for a healthy school workforce + Family-school-community partnerships







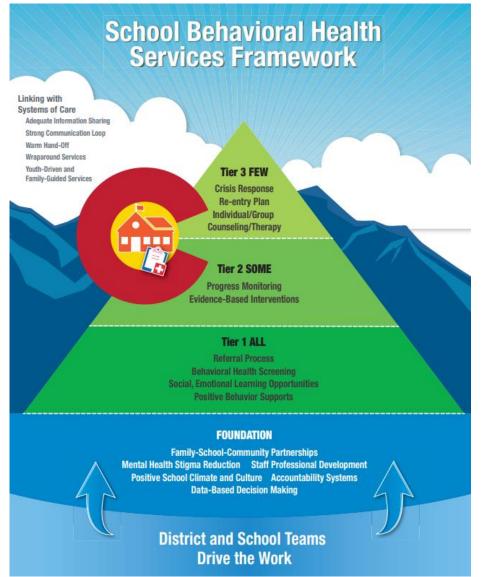


FIGURE 4. AN EXAMPLE OF COMPLEMENTARY ROLES AND RESOURCES OF COMMUNITY PARTNERS AND SCHOOL DISTRICTS IN COMPREHENSIVE SCHOOL MENTAL HEALTH SYSTEMS

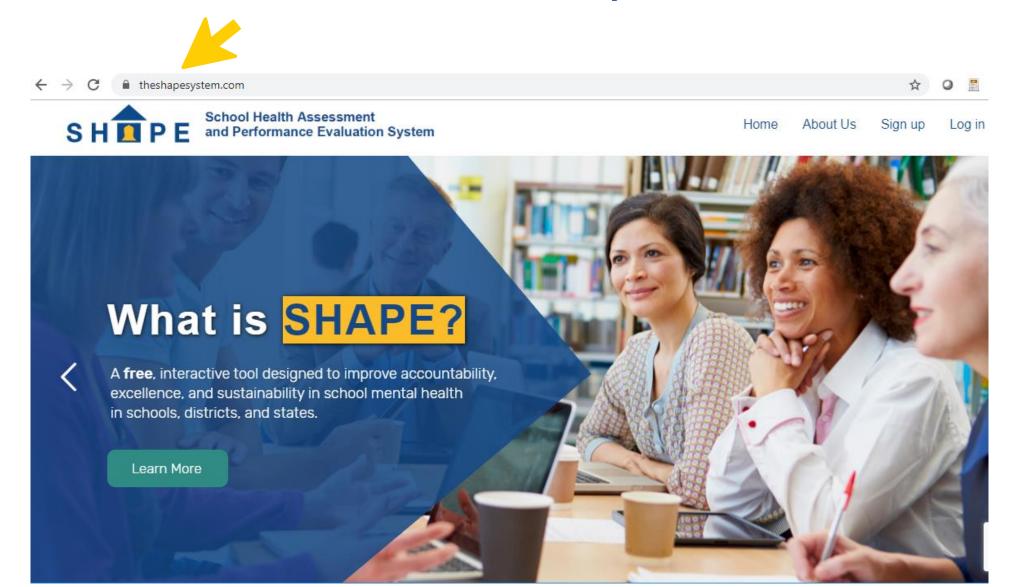


Source: Weist, M. D., Short, K., McDaniel, H., & Bode, A. (2016). The school mental health international leadership exchange (SMHILE): Working to advance the field through opportunities for global networking.





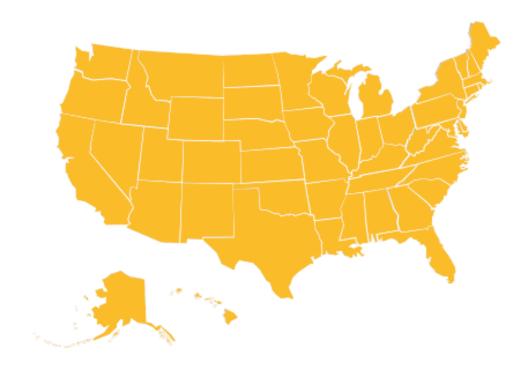
The SHAPE System







ALL 50 STATES AND OVER 15,000 SCHOOLS ARE ENGAGED IN SHAPE



18 of 24 Maryland districts are enrolled in SHAPE

Funded in part by the Health Resources and Services Administration

www.schoolmentalhealth.org www.theshapesystem.com





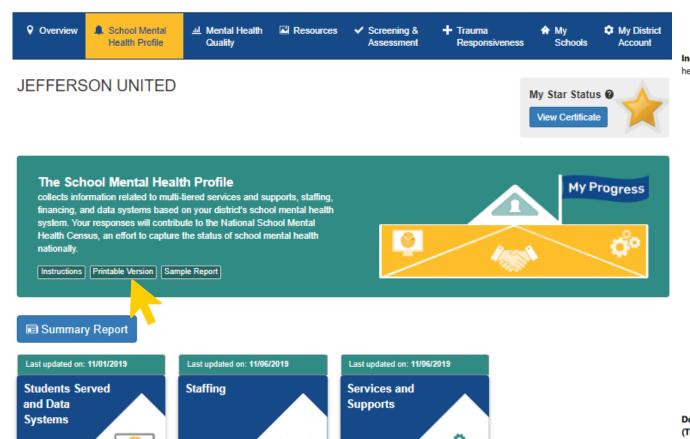
View Responses

Take Survey

View Responses







Take Survey

View Responses

Indicate which of the following data points your District collected last year and how those data were used. (SMH = school mental health)

itti)	Did you collect it last year?		How was it used? (select all that apply)						
Data point	Yes	No	ldentify students for mental health risk	Match/triage students to SMH service delivery	Track individual student progress in SMH interventions	Monitor/ evaluate SMH system outcomes	Was collected but not used for SMH services last year		
Attendance/ Chronic Absences									
Academic Achievement (Grades, standardized testing)									
Office discipline referrals									
Out of school suspensions									
School climate/safety									
Other (please describe):									
Other (please describe):	L								

Does your district have an electronic data system to identify the number of students receiving mental health early intervention (Tier 2) and/or treatment (Tier 3) services and supports? (yes /no)

If yes, please describe the system your district used.	

4 (NCSMH, 2019)





National School Mental Health Quality Assessment-SMH-QA

Quality Domains

- Teaming
- Needs Assessment and Resource Mapping
- Mental Health Promotion for All (Tier 1)
- Early Intervention and Treatment Services and Supports (Tiers 2/3)
- Screening
- Impact
- Funding and Sustainability





Advocacy tools

Example

- Tips sheets for:
 - Families
 - Decision Makers
- Developed in partnership with FREDLA

A Tip Sheet For Families





Advocating for Comprehensive School Mental Health

Including families in developing, planning, and implementing comprehensive school mental health systems achieves better outcomes

Comprehensive school mental health system

provide an array of supports and services that promote sch social and emotional learning, mental health, and well-bein

the prevalence and severity of mental illness. These system

on a strong foundation of district and school professionals,

administrators, educators, and specialized instructional sup-(e.g., school psychologists, school social workers, school co

nurses and other school health professionals), in strategic with students, families, and community health and mental

A Tip Sheet For Decision Makers

Advocating for Comprehensive

School Mental Health

Up to one in five children in the U.S. shows signs or symptoms of a mental health disorder in a given year. In a school classroom of 25 students, five may be struggling with issues of depression, anxiety, substance use disorders, or more

Why is school mental health important?

Children may be challenged with mental health concerns that their learning and their peer relationships - and that can lead and lasting detrimental effects. Building comprehensive scho health systems is one critical strategy to promote positive o our nation's children

Schools with a positive school climate and integrated social learning are more likely than comparison schools to achieve standards of school safety, including less bullying, less stude more positive peer and teacher-student relationships, and le threat and use in schools

Children and adolescents are more likely to receive needed health care in their school than in any other setting. Of chill adolescents who receive mental health services, most receiv school. Schools can offer a more accessible, less stigmatizing traditional community-based mental health settings. Only a children, adolescents, and families who experience mental h access outpatient care in traditional community mental heal of those who access care, about 40%-60% drop out of treat

Advancing Comprehensive School Mental Health Systems: A

Comprehensive school mental health systems

provide an array of supports and services that promote school climate. social and emotional learning, mental health, and well-being while reducing the prevalence and severity of mental illness. These systems are built on a strong foundation of district and school professionals, including administrators, educators, and specialized instructional support personnel (e.g., school psychologists, school social workers, school counselors, school nurses and other school health professionals), in strategic collaboration with students, families, and community health and mental

Comprehensive school mental health systems support the academic success and emotional well-being of students

Children may be challenged with mental health concerns that can disrupt their learning, their peer relationships, and that can lead to immediate and lasting detrimental effects. Schools with a positive school climate and integrated social and emotional learning are more likely than comparison schools to achieve higher standards of school safety, including less bullying, less student isolation, more positive peer and teacher-student relationships, and less weapon threat and use in schools

Children and adolescents are more likely to receive needed mental health care in their school than in any other setting.

Of children and adolescents who receive mental health services, most receive them in school. Schools often offer a more accessible, less stigmatizing setting than traditional community-based mental health settings. Only a fraction of children, adolescents, and families who experience mental health concerns access outpatient care in traditional community mental health settings, and of those who access care, about 40%-60% drop out of treatment early.

MENTAL HEALTH

MENTAL HEALTH

A COMPREHENSIVE SCHOOL MENTAL **HEALTH SYSTEM**

Classroom WISE: Well-being Information and Strategies for Educators

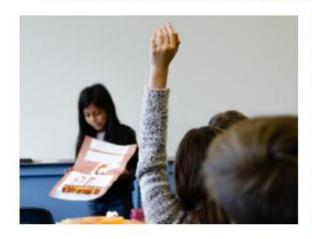
- FREE 3-part training package for K-12 educators and school personnel on mental health literacy
- Development process included input from educators, students, and school mental health leaders



Available at www.classroomwise.org

Classroom WISE Resource Collection

Below is a compilation of resources that are referenced in the Classroom WISE online course. All resources were developed by the MHTTC Network and the National Center for School Mental Health for Classroom WISE, unless otherwise noted. A complete list of Classroom WISE resources is available here.



Module 1: Creating Safe and Supportive Classrooms



Module 2: Teaching Mental Health Literacy and Reducing Stigma



Module 3: Fostering Social Emotional
Competencies and Well-Being



Module 4: Understanding and Supporting Students Experiencing Adversity and Distress



Module 5: The Impact of Trauma and Adversity on Learning and Behavior



Module 6: Classroom Strategies to Support Students Experiencing Distress

RESTART & RECOVERY:

LEVERAGING FEDERAL COVID RELIEF FUNDING & MEDICAID TO SUPPORT STUDENT & STAFF WELLBEING & CONNECTION

OPPORTUNITIES FOR STATE EDUCATION AGENCIES

Using Recovery Funds to Support Student Well-Being

- ESSER Funds for SEAs and LEAs
- Can use funds to support student and staff wellbeing and mental health
- Leveraging ESSER Funds to Access Sustainable Funding Streams (e.g. Medicaid)











Comprehensive School Mental Health Systems: National Best Practices

Domains of Quality Comprehensive School Mental Health Systems Getting into SHAPE





National School Mental Health Quality Assessment-SMH-QA

Quality Domains

- Teaming
- Needs Assessment and Resource Mapping
- Mental Health Promotion for All (Tier 1)
- Early Intervention and Treatment Services and Supports (Tiers 2/3)
- Screening
- Impact
- Funding and Sustainability



Quality Indicators



Teaming Quality Indicators

- Multidisciplinary teams
- Youth and family partnership
- Community partnerships
- Addresses all tiers
- Avoid duplication and promote efficiency
- Best practices for meeting structure/process
- Delineated roles/responsibilities
- Effective referral processes to school and community services
- Data-based decisions to determine student interventions
- Data sharing







Teaming

Maryland highlights

(Howard County) The Superintendent's Mental Health Community Subcabinet (pg 2), comprised of organization leaders and executives, works in tandem with the Mental Health Community Advisory Council (MHCAC), which has representation from over 40 different organizations in Howard County.

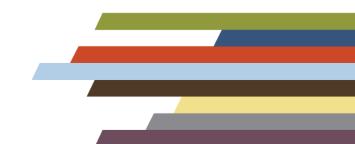
(Several counties) District-organized, community-partnered school mental health with established Request for Proposals, standardized MOUs

Quality Indicators



Assessment and Resource Mapping

- Assess student mental health needs.
- Assess student mental health strengths.
- Use needs assessment results to select, plan, and implement services and supports.
- Conduct resource mapping to identify existing services and supports.
- Use resource map to select, plan, and implement services and supports.
- Align existing services and supports.







Needs Assessment/Resource Mapping

Maryland highlights

(Anne Arundel) <u>Illustrates</u> programs across MTSS.

(Cecil County) Maintains an up-to-date community resource guide, including for mental health resources

Quality Indicators

- Tier 1 Services and Supports:
 - School Climate
 - Teacher and School Staff Well-being
 - Positive Behaviors and Relationships
 - Positive Discipline Practices
 - Mental Health Literacy
 - Social Emotional Learning
- Determine whether services and supports are evidence-informed.
- Ensure all services and supports are evidenceinformed.
- Ensure fit with strengths, needs, and cultural and linguistic considerations.
- Ensure adequate resources for implementation.
- Provide interactive training and ongoing supports.
- Monitor fidelity.





Tier 1

Maryland highlights

(Baltimore City) All City Schools have a <u>school-based DEI committee</u> that is responsible for assessing and making recommendations to ensure equity in school policies and curriculum

(Carroll County) Public Schools' mediation process is a restorative justice process

(Charles County) In 2019, the Superintendent and the Board launched an Equity Task Force

(Montgomery County) Minds Matter Clubs are part of a nationwide student-led movement designed to change school culture around mental health

Quality Indicators



- Provide access to needed services and supports.
- Determine whether services are evidence-informed.
- Ensure all services and supports are evidence-informed.
- Ensure fit with strengths, needs, and cultural and linguistic considerations
- Ensure adequate resources for implementation.
- Provide interactive training and ongoing supports.
- Monitor fidelity.
- Ensure intervention goals are SMART.
- Monitor student progress across tiers.
- Implement a systematic protocol for emotional and behavioral crisis response.





Tiers 2/3

Maryland highlight

(Baltimore County) District school crisis prevention and early intervention efforts, coordinated with community mobile crisis.







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The School Mental Health Quality Assessment

is designed for teams to assess the comprehensiveness of their school mental health system and to identify priority areas for improvement. The Quality Assessment is comprised of seven domains (Teaming, Needs Assessment/Resource Mapping, Screening, Mental Health Promotion, Early Intervention and Treatment, Funding and Sustainability, Impact). Your team will receive custom reports as you complete each domain.

[Instructions] [Printable Version] [Sample Reports]



Current Reporting od: September 2018 - June 2019
Change Report

■ Summary Report











View Report









Summary Report and Strategic Planning Guide





School Mental Health Quality Progress Report Seven Kingdoms High School

Reporting Period: September 2018 - June 2019 Date of Report: 10/09/2019 Entered By: 1 User

Understanding this Summary

This report is generated based on the information you provided for the trauma survey. The composite score for each domain is the average of your ratings for every item within the domain.

Composite scores of 1.0-2.9 are classified as "Emerging" areas, 3.0-4.9 are classified as "Progressing" areas, and 5.0-6.0 are classified as areas of "Masterv."

MENTAL HEALTH QUALITY DOMAINS

Composite Score

Composite Scor

Composite Score

- 4.7 Teaming
- .0 Mental Health Promotion Services & Supports
- 4.2 Early Intervention and Treatment Services & Supports
- 4.4 Funding and Sustainability

EMERGING

Composite Score

- 2.7 Needs Assessment/ Resource Mapping
- 2.3 Impact

OTHER PERFORMANCE DOMAINS

Overall Score

50% Screening

* indicates data were not reported

This progress report was developed by the Center for School Mental Health for The SHAPE System. Page 1 of 13



Stra

SHPPE

Strategic Planning Guide

Thank you for completing the School Mental Health Quality Assessment. We encourage you to meet with your school mental health team, review your scores on each performance domain provided in this report, and engage in a strategic planning process to improve your school mental health.

Mental Health Quality Guides are available in the Resource Center for each performance domain with action steps and resources to guide improvement. Consider using these materials and this Strategio Planning Guide to create a strategic plan for improving your team's performance in one or more areas.

List the domain(s) on which you scored the lowest (Emerging and Progressing) and evaluate your system's capacity and motivation to implement change in each domain.

Domain	Need for change (1-10) 1=no need 10=great need	Desire for change (1-10) 1=no desire 10=great desire	Resources to achieve change (1-10) 1=no resources 10=many resources	Barriers to change (1-10) 1=no barriers 10=many barriers
1.				
2.				
3.				

Select one domain from the list above that yo	our team wants to improve.
---	----------------------------

DOMAIN:			

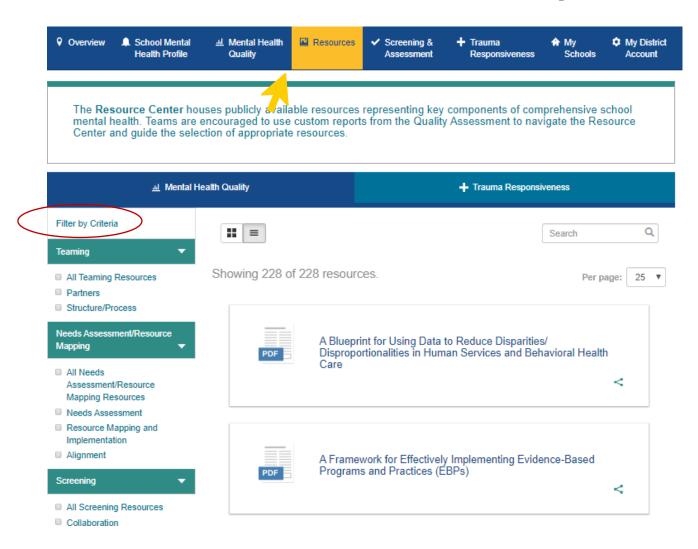
This progress report was developed by the Center for School Mental Health for The SHAPE System. Page 9 of 13







Resource Library





Quality Guides

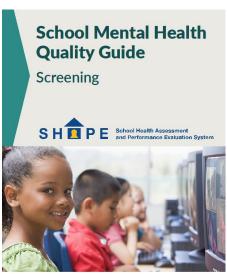


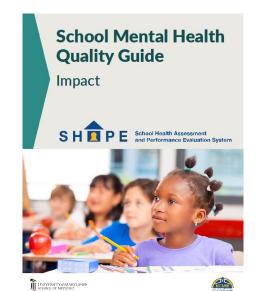
Provides guidance to advance school mental health quality and sustainability

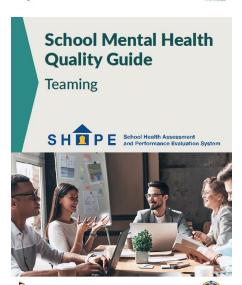
Includes:

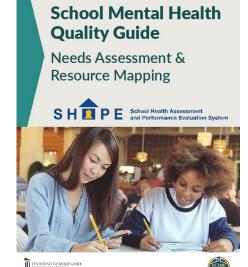
- Background
- Best practices
- Action steps
- Examples from the field
- Resources

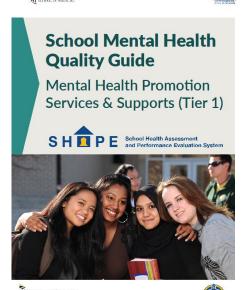


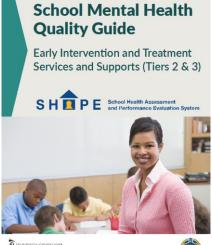












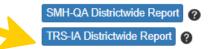


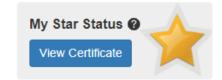


"My Schools" Tab



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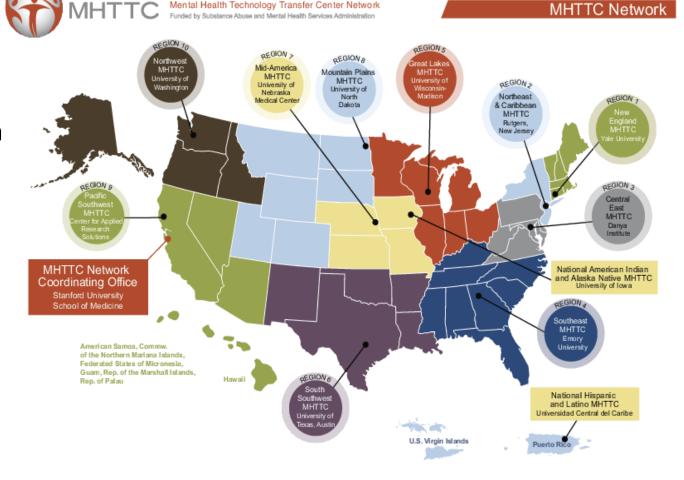
Monitor progress and view SHAPE reports from schools in your district.

■ Showing 3 of 3

School	Shares Data with District	Star Status 🔷	Admins 🔷	Team Members 🔷	Mental Health Profile Report	Mental Health Quality Report	Trauma Responsiveness Report
HAMILTON HIGH	~	Blue 🛨	3	0	View	View	View
LINCOLN ELEMENTARY	~	Blue 🛨	4	0	View	View	View
WASHINGTON MIDDLE	~	Blue ★	3	0	View	View	View

Mental Health Technology Transfer Center (MHTTC) Network

- Established in 2018 with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA)
- 10 Regional Centers
- National Hispanic & Latino Center
- National American Indian and Alaska Native Center
- Network Coordinating Office



Visit the MHTTC website at https://mhttcnetwork.org/

Best Practice Implementation Guidance Modules

The National School Mental Health Guidance Modules were co-developed by the Mental Health Technology Transfer Center (MHTTC) Network and the National Center for School Mental Health (NCSMH).







Coalition partners

inseparable











let's talk mental health

















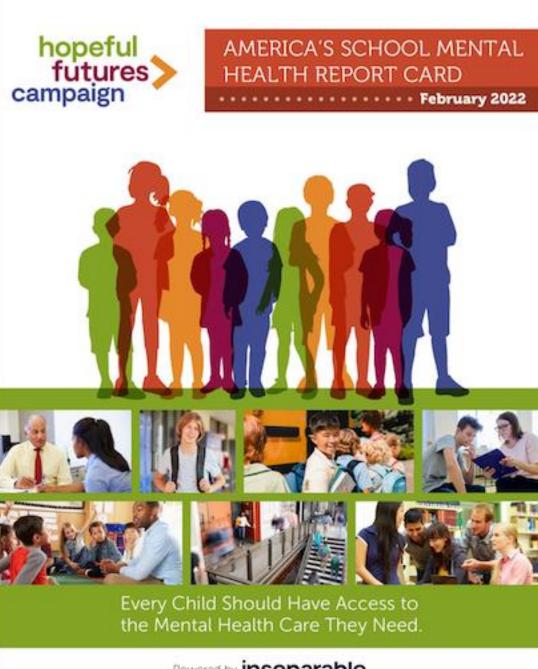












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BY THE NUMBERS

979,000

Number of K-12 Students (2022 Projection) 67,000

Children with major depression 32,000

Children with major depression who do not receive treatment" 1:1,198

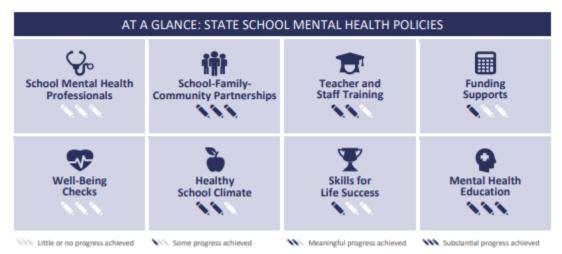
Ratio of School Psychologists to Students (Recommended Ratio 1:500) 1:2,324

Ratio of School Social Workers to Students (Recommended Ratio 1:250) 1:362

Ratio of School Counselors to Students (Recommended Ratio 1:250)

There is a national emergency in children's mental health. Children and youth are experiencing soaring rates of anxiety, depression, trauma, loneliness, and suicidality. Mental health challenges can affect success at school and in life, yet few students get the help they need to thrive.

The Hopeful Futures Campaign, a coalition of national organizations, is committed to ensuring that every student has access to effective and supportive school mental health care. The campaign's school mental health report cards highlight accomplishments and provide important action steps to help address the children's mental health crisis in every state.





State policies support funding of school mental health services for all Medicaid-eligible students.

Policies that fall in this area:

- State Medicaid program covers school-based mental health services for all Medicaid-eligible students
- State Medicaid program covers school-based mental health services via telehealth for all Medicaid-eligible students
- Note: Coverage of students who have Individualized Education Plans (IEPs) or other special education plans is insufficient to meet criteria

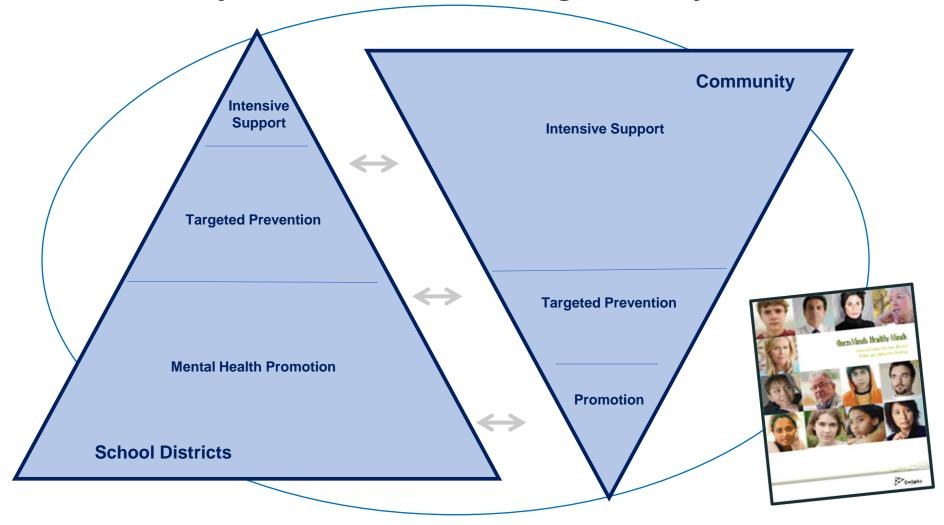


State policies support and enable schools to engage with families and communities.

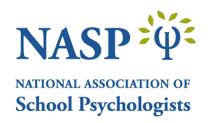
Policies that fall in this area:

- Requirement for family/community engagement plans
- School-community mental health partnership in statute
- State advisory council or task force focused on school mental health services
- Community school legislation

Schools are Only One Part of an Integrated System of Care



Slide used with permission from Kathy Short, Director of School Mental Health ASSIST in Ontario, Canada

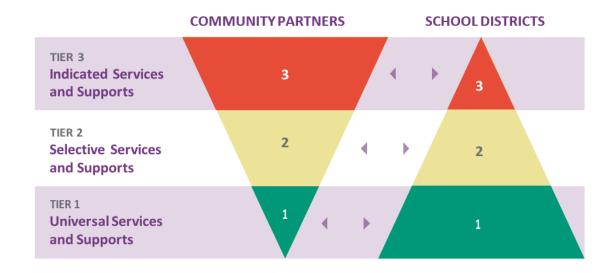


School-Community Partnerships to Support School Mental Health



It's not either/or, it's both and!

Comprehensive school mental health systems rely on a foundation of educators and school-employed mental health professionals in partnership with community health and mental health professionals.



Key Elements to Support Effective School-Community Mental Health Partnerships

- Appropriate staffing of school and community mental health professionals
- Clear Roles and Responsibilities
- Funding to Support School-Community Mental Health Partnerships





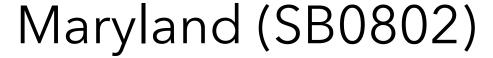
State Examples to Inform Maryland's Coordinated Community Support Partnerships

Minnesota

California

Massachusetts

Texas





- The Consortium on Coordinated Community Supports established to promote community partnerships to meet students' behavioral health needs
 - Ensures that partnerships provide services in a holistic and non-stigmatized manner and coordinate with youth-serving government agencies
 - Develops a model for expanding school behavioral health services and maximize Medicaid and private insurance participation

Minnesota (HF33)

• Creates the School-linked Behavioral Health Grant program to support partnerships between schools and community mental health providers



- Allowable grant activities and related expenses. Allowable grant activities and related expenses may include but are not limited to:
- (1) identifying and diagnosing mental health conditions and substance use disorders of students
- (2) delivering mental health and substance use disorder treatment and services to students and their families, including via telehealth
- (3) supporting families in meeting their child's needs, including navigating health care, social service, and juvenile justice systems
- (4) providing transportation for students receiving school-linked behavioral health services when school is not in session
- (5) building the capacity of schools to meet the needs of students with mental health and substance use disorder concerns, including school staff development activities for licensed and nonlicensed staff; and
- (6) purchasing equipment, connection charges, on-site coordination, set-up fees, and site fees to deliver school-linked behavioral health services via telehealth.

Grantees shall obtain all available third-party reimbursement sources as a condition of receiving a grant. For purposes of this grant program, a third-party reimbursement source excludes a public school. Grantees shall serve students regardless of health coverage status or ability to pay.

Minnesota (HF33) - Eligible Applicants



- **Eligible applicants -** An eligible applicant for a school-linked behavioral health grant is an entity or provider that is:
 - · (1) a certified mental health clinic certified
 - · (2) a community mental health center
 - (3) an Indian health service facility or a facility owned and operated by a tribe or tribal organization
 - (4) a provider of children's therapeutic services and supports
 - (5) enrolled in medical assistance as a mental health or substance use disorder provider agency and employs at least two full-time equivalent mental health professionals qualified, or two alcohol and drug counselors licensed or exempt from licensure under chapter who are qualified to provide clinical services to children and families
 - (7) a licensed professional in private practice

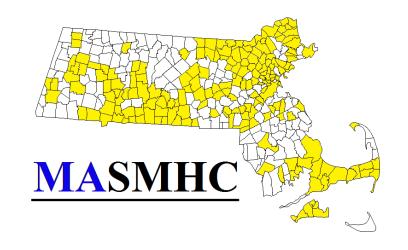




- Establishes the Children and Youth Behavioral Health Initiative
- Bill requirements:
 - Health insurance plans must cover mental health and substance use disorder treatment delivered at schools.
 - The State Department of Health Care Services must procure and oversee a vendor to establish and maintain a behavioral health services and supports
 - The Department or a contracted vendor must provide competitive grants to qualified entities to build partnerships, capacity, and infrastructure supporting ongoing school-linked behavioral health services for youth
 - The Office of Statewide Health Planning and Development must award competitive grants to qualified entities and individuals to expand the supply of behavioral health counselors, coaches, peer supports, and other allied health care providers serving children and youth

MAssachusetts School Mental Health Consortium

- Supports approximately 170 districts to develop CSMHS in MA;
- Provides statewide PD and coaching on universal screening, evidence-based therapeutic services, measurement-based care practices, SEL, clinical leadership and supervision, use of SHAPE System, etc.;
- <u>Develops learning collaboratives</u> to foster shared professional growth;
- Co-led MA State CollN facilitated by NCSMH;
- Develops and disseminates SMH resources;
- Advocates for SMH policy development.



www.masmhc.org

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Massachusetts Department of Elementary and Secondary Education (DESE) - Grant Opportunities for SMH



- Supporting Students' SEL, Behavioral & Mental Health (MH), and Wellness through MTSS (SEL & MH Grant) • Piloting universal mental health screenings for students K-12; Developing comprehensive, integrated multi-tiered systems for student, family, and educator social-emotional and/or mental health supports; and Building sustainable infrastructure to facilitate integrated coordination between school and community-based services and/or providers. ~ \$7.2M
- Safe and Supportive Schools Grants Creating and implementation action plans that strengthen equitable, culturally responsive and sustaining, safe, positive, healthy and inclusive whole-school learning environments and making effective use of a system for integrating services and aligning initiatives that promote students' behavioral health, including social and emotional learning and more. ~ \$250K
- Integrating Social and Emotional Learning into Academic Learning 1) SELIS Social and Emotional Learning Indicator System; 2) SEL/Academic Integration using Service-Learning. ~ \$250K
- (NEW in FY '23) Supporting Students' Social Emotional Learning (SEL), Behavioral & Mental Health, and Wellness The purpose of this state-funded competitive grant program is to adapt, expand, or strengthen multi-tiered systems of support (MTSS) to respond to the social-emotional and behavioral health needs of students, families, and educators and to build strong partnerships with community-based mental health agencies and/or providers to create comprehensive mental health systems. ~ \$5.85M

Texas (HF33)



- Establishes the Texas Child Mental Health Care Consortium (TCMHCC) to leverage the expertise and capacity of medical schools to address urgent mental health challenges and improve children's mental health care.
- Multidisciplinary team consists of social workers, licensed professional counselors, psychologists, child psychiatrists
- Referral Process:
 - School counselors submit referral information and obtain verbal consent from the parent or legal guardian
 - TCHATT Team will reach out to the family to obtain consent and schedule an initial session
 - For sessions, students will need smart phone, laptop, or PC, private space in their home or at school, an adult present in the home, or a counselor able to provide support for school settings



Connect



www.schoolmentalhealth.org



www.theSHAPEsystem.com



facebook.com/centerforschoolmentalhealth

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